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ABSTRACT

This final report discusses the activities and outcomes of a project designed to train specialists to work collaboratively across settings to improve the outcomes of young children with language and learning disabilities. It provided education for trainees that led to a Master's degree in speech-language pathology with a specialty in early intervention. The specialty provides coursework and practica in speech-language assessment and intervention with infants, toddlers, and preschoolers with added knowledge and clinical experience in team building, dysphagia, and augmentative and alternative communication. In addition to the clinical practicum on campus with infants and preschoolers, some trainees spent a semester in the student teaching practicum in the Santa Clara County Early Intervention program. Selected trainees spent a semester engaged in teaching and provided assessments and intervention with the "birth to three" population under the supervision of a licensed speech-language pathologist. As part of the project, three videotapes were proposed for parents and trainees on various topics and narrated in English, Spanish, and Vietnamese. In 2001 when the project ended, 28 students had received training in early intervention. Attachments to the report include a list of competencies obtained during early intervention training and descriptions of the different courses. (CR)

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ED 466 859

San Jose State University
Communicative Disorders & Sciences
One Washington Square
San Jose, CA 95192-0079

Final Report

A Team Approach to Training Early Intervention and Preschool Personnel in Speech-Language Pathology

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PR/Award Number: HQ29G70207
Funding Period
1998 - 2000

Gloria Weddington, Ph.D.
Project Director
(408) 924-3699

EC 309075

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Final Report

A Team Approach to Training Early Intervention and Preschool Personnel in Speech-Language Pathology

Project Summary

With the recent re-authorization of IDEA and research emerging from the ongoing research on language and learning, the preschool years and the development of emerging literacy skills at the preschool level bespeaks the need for interdisciplinary training across disciplines and across educational practitioners. Early interventionists assist in the identification of children with language and learning disabilities, and through early intervention may alleviate many difficulties encountered by children and their families. Research now shows that preschool "oracy" problems result in school age "literacy" difficulties. Academic success is dependent upon oral, reading, and writing skills. The goal of this project was to train specialists to work collaboratively across settings to improve the outcomes of children's hitherto unsolved language and learning disabilities. This project provided education for trainees that leads to the Master's degree in speech-language pathology with a specialty in early intervention. The specialty provides coursework and practica in speech-language assessment and intervention with infants, toddlers and preschoolers with added knowledge and clinical experience in team building, dysphagia, and augmentative/alternative communication. As part of this project three video tapes were proposed for parents and trainees on various topics and narrated in three different languages (English, Spanish, and Vietnamese).

Project Status

The objectives of the project were:

(1) Specialized academic preparation for MA students in CDS will be offered in early intervention.

Seminars and graduate courses are in place in Speech-Language Pathology and revisions were made in these and other courses to incorporate competencies identified as "Trainee

Competencies and Roles in Interdisciplinary Settings related to Infants, Toddlers and Young Children," focusing on identification and assessment.

Accomplishments: This project began in January, 1998 and ended (with an extension) in December 2001. Three cohorts of trainees enrolled in one class in early intervention in the fall semester and an assessment class during the spring semester. Preschool children with autism were brought to the campus speech and hearing center for assessment and intervention during both semesters of each cohort. Significant gains in performance and changes in behavior were noted. Before and after treatment videotapes were made as well as conversations with the parents and children.

In addition to the clinical practicum on campus with infants and preschoolers, some trainees had a chance to spend a semester in the student teaching practicum in the Santa Clara County Early Intervention program. Selected trainees spent the entire semester engaged in half-time or full-time student teaching and provided assessments and intervention with the "birth to three" population under the supervision of a licensed speech-language pathologist. In addition to direct service delivery, the trainees developed and executed family service plans, teacher and parent counseling, conducting and participating in in-service training workshops, participated as a member of the service delivery team, and interacted on a daily basis with early interventionists in a variety of disciplines. Not all trainees could participate in this intensive activity, but the ones who did reported that this was the highlight of this project.

Workshops were held, one each year to supplement the education the students received in the clinic, classroom, conventions, and off-campus practicum. The first workshop held was offered by Dr. Margaret Briggs who presented a two-day seminar on "Early Intervention Practices: What Works Best?". A copy of the brochure is attached. All of the trainees attended as well as members of the early intervention community were invited. The second workshop was offered by Dr. Anne Van Kleek who presented information of phonological awareness and language development. This workshop lasted two days as well and was attended by trainees, students from SJSU who were not EI trainees, and early interventionists. The third workshop was co-sponsored by the Santa Clara County Speech and Hearing association on "The Effects of Prenatal Exposure on Language, Behavior, and Learning" and presented by Dr. Marion Meyerson.

The advisory group met twice per year for the duration of the project. Members were invited to attend the workshops, offered opportunities for the trainees to observe clinical service delivery,

and recommended topics and speakers for workshops. They also made suggestions of information to be included in the early intervention seminar, referred clients for the EI clinic, and provided information to the trainees about career opportunities in the communities in EI.

(2) A major collaborative objective of each year of the funded project was the planning and production of a 20-minute videotape by the project faculty and the trainees.

Accomplishments: Videotaped recordings were made of the early intervention clinic that show changes in the clients' behaviors and language in relation to clinical methods used. The tapes remain incomplete because of personal issues in the life of the project co-director. Due to serious personal and family illness, the editing remains incomplete. Drs. Butler and Weddington will complete the editing within the year.

(3) Trainees will attend the annual conventions of the California Speech-Language-Hearing Association.

Accomplishments: Trainees attended the 1999, 2000, & 2001 CSHA conference and attended sessions in early intervention. They were required to bring handouts from the sessions to share with classmates and discuss knowledge gained in their early intervention seminar. Partial support was provided in the form of housing for students who attended ASHA Conventions during that period. Trainees paid their own registration, airfare, and per diem and the project paid for trainees to share hotel rooms. Most attended the ASHA convention in San Francisco.

Summary:

When the early intervention project ended in 2001, 28 students had received training in early intervention. The classes were taught as planned, the students gained direct clinical experience with infants, toddlers, and preschoolers,

A final survey was sent to all trainees to determine how they benefited from the project. Below are sample responses:

1. "I learned to use assessment tools that were above and beyond what was learned in other classes."
2. "Without this grant I would not have had the opportunity to expand my knowledge in

this area without attending specialized courses outside the university."

3. "I felt adequately trained to work in an early intervention setting; was also able to attend professional workshops and conferences that I would not have been able to otherwise."
4. "I enjoyed the practical 'hands on' learning, for example home visits and assessment of young children."
5. "The instructors were very willing to jump in and assist us if they saw that we were struggling."

What would they change about the project?

1. "Include more observation and practicum."
2. "I would like to have taken more classes in EI."
3. "I would like to have more speakers in the classes."
4. "More parent and/or family contact"
5. "I was very happy with the program and feel that everyone that takes it will benefit from it in their careers.
6. "Dr. Butler is a blessing and mentor in this area of EI."

Now You're Talking!

Speech and Language Therapy Services
Helping Children Communicate

March 19, 2002

Gloria Weddington, Ph.D.
Professor
Sweeney Hall, Room 118C
San Jose State University
One Washington Square
San Jose, CA 95192-0079

Dear Dr. Weddington,

Thank you so much for allowing me to participate in your survey regarding the effectiveness of the Early Intervention Project of which I was a beneficiary.

I apologize for the tardiness of my response. I received your letter and questionnaire on Saturday, March 16th and was unable to return it to you by the specified date of Monday, March 18th.

In addition to my responses on the attached questionnaire, I would like to add some additional comments here. I would like to give credit and great thanks to the two professors who taught the Early Intervention Project classes (during the time I was in the program): Dr. Katharine Butler and Ms. Ellen Ratner. Dr. Butler and Ms. Ratner were wonderful examples of professional integrity and provided much inspiration and encouragement to me as I worked toward receiving my Master's degree in Speech-Language Pathology. I so much appreciate the dedication and investment made by each as they displayed a personal interest in my continued knowledge and growth in our profession. Their support and guidance has had an extremely positive effect on my professional success as a Speech-Language Pathologist specifically in the realm of serving children aged birth-three years.

I would love to see San Jose State University offer an Early Intervention Grant Project once again to its students and would highly recommend anyone interested in serving this population to apply for it.

Thank you again for involving me in this survey and please think of me in the future if more information is needed or if more surveys are conducted.

Sincerely,
Anne Hendrickson
Anne Hendrickson, M.A., CCC-SLP

Anne Hendrickson, M.A., CCC-SLP, Speech-Language Pathologist
P.O. Box 1514, Los Gatos, California 95031
phone 408.356.5072 fax 408.356.8760

Subj:	**hello**
Date:	8/25/01 11:39:54 AM Pacific Daylight Time
From:	SNOSKISURF
To:	DrKButler

Dear Dr. Butler,

I am so pleased to tell you that I was offered a job with the county dept. of education in early intervention and early start program. I started on Wednesday!!

It's very overwhelming at the same time very exciting! I think I will enjoy it so much once I am aclamated to my schedule. I have two early start classrooms ~ children with cp, vents, dd, etc., one autistic class (just completed TEACH) and home care visits with speech only children. I have a variety! I will also teach the toddlers and moms class.

I am finally thrilled to see my career payoff in early intervention. It's what I wanted to do and I feel fortunate to have landed this position. I was taking the TEACH program through the county and met several other county employees that recruited me. So, I think it was a godsend ;)

I was wondering if you could recommend some refrences for early start that may help me along the way? I know I will learn so much with the county. The best thing about it, is that they have continuing education available for us.

So, once again, I thank you for helping me in my career that has lead me to my path of what I hope to be a long and well deserved job!

I hope all is well with you! Are you teaching this sememster?

Best regards,

Deanna Brazys

COMPETENCIES OBTAINED DURING EARLY INTERVENTION (EI) TRAINING

SAN JOSE STATE UNIVERSITY
COMMUNICATON DISORDERS AND SCIENCES PROGRAM

Each candidate for the Clinical Rehabilitative Services Credential in Speech and Language must meet the highest requirements in the state applicable to the profession. In California, licensure is deemed the highest state standard. As of September 1, 1995, institutions must require all candidates applying for the Clinical Rehabilitative Credential in Speech and Language to obtain a master's degree in speech and language to satisfy the federal requirement for the highest standard.

At San Jose State University the master's degree is the only program to which a student can become admitted at the graduate level. There is no separate program for the credential. The candidates apply for the credential when they have completed the master's degree. The Credential application is submitted when it has been confirmed by the Graduate School that all of the requirements for the master's degree have been met.

The program of professional preparation for the Clinical Rehabilitative Services Credential in Speech and language must provide the opportunity for candidates to fulfill the requirements for the California License in Speech and Language.

<u>Competencies obtained during early intervention training:</u>

1. Demonstrate an understanding of normal development in the birth to five population in cognitive, language, pre-speech, speech, social-emotional and motor domains.
2. Demonstrate an understanding of prenatal, birth, postnatal and medical factors that place children at high risk for later developmental delay.
3. Demonstrate an understanding of physiological bases of developmental disorders in infants and toddlers.
4. Obtain a detailed developmental and medical history of a child via the interview process.
5. Appropriately identify and assess disorders of children in the birth to five range in the following categories:
    a. Communication competence during preverbal and verbal phases of development.
    b. Comprehension and production of language, including speech and non-speech means of expression.
6. Demonstrate knowledge of various service delivery models for providing comprehensive early childhood intervention.
7. Demonstrate knowledge of and skill in interdisciplinary assessment and goal planning for children ranging from birth to five.
8. Ability to assess/evaluate communication interaction between and infant/toddler and his/her family members.

9. Ability to develop appropriate language learning goals for children birth to five based on the assessment information gathered by the team.
10. Knowledge of and ability to develop Individual Family Service Plans (IFSP) for children birth to three and their families in conjunction with other professionals and the family.
11. Knowledge of and ability to implement appropriate intervention methods with the birth to five population.
12. Knowledge of and extent the involvement of family members in the intervention process.
13. Other Developmental Areas:
    a. Cognitive skills
    b. Motor skills
    c. Personal/social skills
    d. Self -help skills

Katharine G. Butler, Ph. D.
Professor, CD&S, SJSU
Ellen Ratner, M. A.
Co-teacher, CD&S, SJSU

Spring Semester, 1999 EDSE 231: Assessment of Young Children, Infants, Toddlers.

Students enrolled in this course fulfill a portion of the requirements for a specialization in Early Intervention. This course varies each Spring due to the publication of new assessment instruments, new texts, and new procedures. Students who are trainees under the federal grant provided by the Office of Special Education and Rehabilitation, US Department of Education, are provided a variety of opportunities unavailable to students who are enrolled in the general M. A. program in Communication Disorders and Sciences. All students who take the course are required to complete the course requirements, which include reading assigned texts, chapters, and hand-outs, responding to quizzes throughout the semester, and successfully completing assessment assignments, whether they occur in the Speech and Hearing Clinic or in conduct the child's home or school. Hands-on assessment hours are to be kept, and may count toward child language practica hours. Reports are to be written in a 2 step process: (1) initial draft accomponied by all protocols and observation reports and (2) final draft, acceptable for instructor's signature and provided thereupon to the family.

REQUIRED READINGS:

Rosetti, L. M. Communication Intervention, Birth to Three, 268 pp. LSBN 1-56593-101-7, Singular Press. (Note: although entitled Intervention, this text deals with assessment as well, and should be read in conjunction with the use of the Rosetti test. Students who do not have the necessary toys and objects that accompany the Rosetti are required to make up their own kit.)

Butler, K. (Ed.) Early Intervention I: Working with Infants & Toddlers, Aspen Publishers Paperback

Butler, K. (Ed.) Early Intervention II: Working with Parents & Families; Aspen Publishers Paperback.

The following required readings may be checked out from instructors & returned in 1 week:

Yoshinaga-Itano, C, Sedey, A. L., Coulter, D.K. & Mehl, A.L., Language of Early-and Later Identified Children with Hearing Loss, Pediatrics, Vol. 102, No. 5, November 1998

Wickstrom-Kane, S. Communication Assessment and Intervention to Address Challenging Behaviors in Toddlers, (In Press), TLD, 19:4 (February, 1999)

Westby, C. (1996) Culture and Literacy: Frameworks for Understanding (prepublication copy), TLD. (Note particularly the Language Acculturation Continuum; this will be useful in identifying status of both children and their families when recommending intervention following assessment.).

Shulman, G.G. (1998) (Issue Editor) Contemporary Perspectives on Early Intervention: Research to Practice, TLD 18:3. Read articles Costarides, A. H . & Shulman, BB, Norm-Referenced Language Measures: Implications for Assessment of Infants & Toddlers and Gallagher, T. M., & Watkin, K. L. , Prematurity and Language Developmental Risk: Too Young or too Small?

Tests:

Syracuse Dynamic Assessment:Birth to Three, Forms: Manual & Exzaminer's and Observer's Manual. Note that this new assessment instrument deals with assessing play development in the first year as well as later play development (up to age of 3). Note appendices provide items listed by developmental age, items listed by developmental area, and Lisgts of toys included and materials needed. The toys have been ordered and will be available in a kit form. The cost is $400 for the kit. PLEASE BE CAREFUL TO RETURN ALL KIT ITEMS WHEN USING THIS TEST.

AS A STUDENT, YOU NEED TO HAVE AT YOUR DISPOSAL FOR TESTING THE FOLLOWING:
1 adult sized chair
1/2 cup Cereal (donut shaped)
Chld's own feeding bottle
Child's socks (pair)
child-size chair
Plain, unlined paper (8½ x 11" sheets) at least 10 sheets
roll of paper towels
2 small containers of pudding or yogurt
1 small portionof pureed food
Staircase
Stopwatch
Supply of liquid (milk, juice, water) Check with parent as to appropriate liquid.

We have the publisher's permission to copy all forms needed.

Other tests will be assigned, depending on the student's background and familiarity with evaluating young children. For those students who took an EI course last Spring, and have had experience with certain instruments, other diagnostic instruments will be provided.

Class Meeting Schedule

Class 1 January 26
Class 2 February 2
Class 3 February 9
Class 4 February 16
Class 5 February 23
Class 6 March 2
Class 7 March 9
Class 8 March 16
Class 9 March 23 (Spring break-Weekof March 29th
Class 10 April 6
Class 11 April 13
Class 12 April 20
Class 14 April 27
Class 15 May 4
Class 16 May 11
Class 17 May 18 - Last day of class
Final Exam May 25

Special Spring Events

California Speech-Language-Hearing Association Annual Convention - Pasadena, CA, April 15-18

Other events To Be Announced.

Required Activities

Students will be required to conduct clinical assessment and diagnostic sessions, and "solo" practice and team practice will be included.

A new teaming schedule will be set up at the 2nd class meeting, and will require that the teams of ? will rotate through a series which shall include all students in the course. It is possible in this way, for examiners to do a minimum of 3-5 assessment, and to act as observers, recorders, and co-equal report writers.

Students are expected to locate their own subjects & their families. However, every effort will be made to access the waiting list at SJSU Speech and Hearing Center, to assist you. This information will be available one week after the S&H Center begins its sessions. Remember that conferencing with families is particularly important. Instructors (Ratner and Butler) will be available to assist you.

Video-taping will continue this Spring and you will need to sign release forms and also have your client or his/her family sign release forms. These will be provided to you and muust be returned to the instructors immediately after signing. The usual S&H Clinic forms will also be needed.

Students are required to participate in class discussions weekly; thus permission to be absent should be directed to Dr. Butler. Even though there are Teams, the role of each team member will be different, and you are not "covered" by the presence of a team mate. On time arrival in class is expected. The spot quizzes may be given at the beginning of class, and will not be made available after the start of the session. A "0" will be recorded if the quizz is not taken.

Grading:

Participation in class discussion.....20%
Grades on quizzes and final examination.....30%
Competent administration of evaluation instruments (Formal and informal), and test interpretation and diagnosis, as well as submission of the protocols and supporting materials, and the report to the client or client's family.....50%

An addendum to this green sheet will be forthcoming, as necessary.

Communicative Disorders & Sciences
San Jose State University
San Jose, California

Presents

Margaret Briggs, Ph.D.

Early Intervention Practices: What Works Best?

Contact

Gloria Weddington, Ph.D.
(408) 924-3688
e-mail: weddingg@crl.com

Accreditation: San Jose State University is approved by the CEB of ASHA to sponsor CE activities in speech-language pathology and audiology. This program is offered for a total of .6 CEUs (Professional Area - Level 2 (Intermediate). ASHA approval of CE sponsorship does not imply endorsement of course content, specific products, or clinical procedures.

Early Intervention Practices: What Works Best?

SPEAKER: Margaret Briggs, Ph.D. is Executive Director of Briggs & Associates. She serves as team member in child language development and disorders in the Dept. of Pediatrics at UCLA; has written numerous articles and books; made a variety of national & international presentation; and serves as consultant for a number of projects.

Course Description:

The focus of this hands-on workshop is to integrate current theory with best practices for helping young children with communication delays. A variety of approaches will be discussed and demonstrated. Methods of incorporating different theoretical approaches (e.g., relationship-based and applied behavioral analysis) will be illustrated. Videotaped samples and case studies will be used to offer participants real world clinical examples. Participants will work in small groups to apply workshop information to their own clinical practices.

Learning Objectives: Participants will demonstrate knowledge of:

- current theories of early intervention practices;
- methods for integrating theory with practice; application of intervention strategies to clinical cases

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Registration Fee: $70 for one day ($15 for students). Fees include registration, refreshments, and handout materials. Make checks payable to SJSU Foundation.

COURSE SCHEDULE

Friday November 6

2:00 - 3:00	Registration and refreshments
3:00 - 3:15	Introduction
3:15 - 3:45	The Foundation: Laying a Theoretical Foundation
3:45 - 4:45	Therapy in Action (video samples)
4:45 - 5:30	What worked and What Didn't - analyzing samples and cases
5:30 - 6:00	Case Study Presentation/Planning

Saturday, November 7

8:30 - 9:00	Bagel Bar Breakfast
9:00 - 9:15	Orientation to Group Work
9:15 - 10:45	Translating Theory into Practice: Small Group Work on Case Studies
10:45 - 11:30	Solutions: Case study Presentations
11:30 - 12:00	Take Home Message: Change in Practice - Applying what you learned

AUDIO TAPING NOT ALLOWED

Conference Registration Form

Early Intervention Practices: What Works Best?
November 6 - 7, 1998

Payment by check, money order, Master Card/Visa

Name _____

Home Address _____

_____

Phone: (Work) _____

(Home) _____

Amount enclosed _____

Credit Card # _____
Visa or Master Card

Card Holder's Name _____

Card Holder's Address _____

_____

Signature _____

Please Mail form and fee to:

Angela Park Girouard
Program Director
Communicative Disorders & Sciences
San Jose State University
One Washington Square
San Jose, CA 05192-0079
(408) 924-368o
(408) 924-3641 FAX

Accreditation: San Jose State University is approved by the CEB of ASHA to sponsor CE activities in speech-language pathology and audiology. This program is offered for a total of .6 CEUs (Professional Area - Level 2 (Intermediate)). ASHA approval of CE sponsorship does not imply endorsement of course content, specific products, or clinical procedures.

San Jose State University
San Jose, California

Presents:

THE EFFECTS OF PRENATAL SUBSTANCE EXPOSURE ON LANGUAGE, BEHAVIOR & LEARNING

December 4, 1998

Speaker:

Marion Meyerson, Ph. D.

Contact

Gloria Weddington, Ph.D.
(408) 924-3688
e-mail: weddingg@crl.com

The Effects of Prenatal Substance Exposure on Language, Behavior, and Learning

SPEAKER: Marion Meyerson, Ph.D. has dual certification in both speech-language pathology and audiology. She has been a prolific writer, researcher, and lecturer. She has taught for the last 25 years at Fresno State University, San Francisco State, and San Jose State.

Course Description:

The focus of this workshop is an overview of teratogenic birth defects. Prenatal exposure to legal drugs such as alcohol and tobacco, and illegal drugs including cocaine, heroine, marijuana, and Methamphetamines will be discussed in relation possible outcomes in language, speech, hearing, Behavior, and cognition. The impact of pediatric AIDS will be covered as well as intervention strategies.

Learning Objectives: Participants will:

- describe general characteristics of teratogenic birth defects;
- list specific aspects of Fetal Alcohol Syndrome with emphasis on speech, language, hearing, cognition, and behavior;
- recount impact of prenatal active and passive tobacco exposure on development;
- enumerate risks of other legal teratogens such as toluene, pesticides, and lead;
- characterize effects of skill development following heroine, PCP, LSD, amphetamines, marijuana, and cocaine;
- demonstrate understanding of effects of Pediatric AIDS on longevity, speech, language, hearing, cognition, and behavior;

- summarize intervention strategies for clinic, school, or home; and
- view slides and videos demonstrating physical and behavioral characteristics of children prenatally exposed to drugs and disease.

COURSE SCHEDULE

8:30 - 9:00	Registration
9:00 - 10:00	Introduction; Overview of Teratogenic Agents, Fetal Alcohol Syndrome
10:00 - 12:00	Prenatal Exposure to Tobacco, Toluene, Pesticides, and Lead
12:00 - 12:30	Lunch
12:30 - 2:30	The Illegal Teratogens: Heroin, PCP, LSD, Amphetamines, Marijuana, Cocaine
2:30 - 3:30	Pediatric AIDS
3:30 - 4:00	Review of therapy approaches, questions and answers, completion of evaluation form.

Conference Registration Form

The Effects of Prenatal Substance Exposure of Language Behavior, and Learning
December 4, 1998

Payment by check, money order, Master Card/Visa

Name _____

Home Address _____

_____

Phone: (Work) _____

(Home) _____

Amount enclosed _____

Credit Card # _____
Visa or Master Card

Card Holder's Name _____

Card Holder's Address _____

_____

Signature _____

Please Mail form and fee to:

Gloria Weddington, Ph.D.
Program Director
Communicative Disorders & Sciences
San Jose State University
One Washington Square
San Jose, CA 05192-0079
(408) 924-3688
(408) 924-3641 FAX

Note: **This is one of three new procedures replacing Spoken Language Assessment and Written Language Assessment.**

12.1 Language Assessment for Children and Adolescents

Procedures to assess the developing language systems of children and adolescents, delineating strengths, deficits, contributing factors, and social, academic, and vocational (including prevocational) needs for using language functionally to listen, speak (or sign), read and write; and related cognitive-communication processes.

Language assessment for children and adolescents is conducted according to the Guiding Principles, p. vi, and the Fundamental Components of Preferred Practice Patterns, p. 1.

Professionals Who Perform the Procedure(s)

Speech-language pathologists.

Expected Outcome(s)

- Assessment is conducted to identify and describe the child's or adolescent's language knowledge and skills, preferably in the child's primary or home language, in areas of concern raised by the parents or school. Language is described in the areas of spoken language comprehension and expression, and in the areas of reading and writing if identified as areas of concern.
- Assessment may result in a diagnosis and clinical description of a disorder, recommendations for treatment or follow-up, and/or referral for other examinations and services.

Clinical/Educational Indications

- Children or adolescents are assessed as needed, requested, or mandated, or when they have communication, educational, vocational, social, behavioral, and health needs due to their language status.
- Assessment is prompted by referral, by the child's or adolescent's medical status, or by failure of a speech and language screening (see Procedures 02.0 and 03.0).

Clinical Process

- Review of auditory, visual, motoric, and cognitive status.
- Assessment includes:
  - Case history

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- Parental, school, and child or adolescent report of areas of concern (listening, speaking, reading, writing, or cognitive-communication) and contexts of concern (e.g., social interactions, academic subject areas, vocational interactions)
- Standardized and nonstandardized methods to observe and describe the child's or adolescent's comprehension and production of spoken language form (phonology, morphology, and syntax), content (semantics), and use (pragmatics) in varied communication events (formal tests and natural communication samples) and contexts of concern
- Oral motor/motor speech function
- If indicated, standardized and/or nonstandardized methods to observe and describe the child's or adolescent's comprehension (reading) and production (writing) of written language form (phonology, morphology, and syntax), content (semantics), and social use of language in multiple discourse contexts (pragmatics)
- If indicated, standardized and/or nonstandardized methods to observe and describe the child's or adolescent's phonological awareness, reading decoding, and comprehension processes (or evidence of emergent literacy)
- If indicated, standardized and/or nonstandardized methods to observe and describe the child's or adolescent's writing processes (including planning and organizing, drafting, revising and editing, and creating a final product)
- If indicated, standardized and/or nonstandardized methods to observe and describe the communication and language abilities of a child or adolescent with severe disabilities, who may be using nonconventional means to communicate, including the forms and functions the child or adolescent uses to communicate and the frequency with which individuals in the environment invite, permit, accept, and respond appropriately to such acts

Setting/Equipment Specifications

- Assessment is conducted in a clinical, educational, social, community, or vocational environment conducive to eliciting a representative sample of the child's or adolescent's communication and language abilities in the areas of concern (listening, speaking, reading, writing, cognitive-communication) and in the contexts of concern (e.g., social conversation, following directions, completing math story problems, reading a book).

- Children or adolescents with identified oral and/or written language disorders receive follow-up services to monitor oral and/or written language status and to ensure appropriate treatment. Students using AAC devices and techniques will be assessed in language development and communication use with their devices.

Safety and Health Precautions

- All procedures ensure the safety of the patient/client and clinician and adhere to universal health precautions (e.g., prevention of bodily injury and transmission of infectious disease).

- Decontamination, cleaning, disinfection, and sterilization of multiple-use equipment before reuse are carried out according to facility-specific infection control policies and procedures and according to manufacturer's instructions.

Documentation

- Documentation may include pertinent background information, areas of concern identified by major participants (e.g., child or adolescent, parents, teachers), speech-language assessment results and interpretation, prognosis, and recommendations. Recommendations may include the need for further assessment, follow-up, or referral. When treatment is recommended, information is provided concerning frequency, estimated duration, and type of service (e.g., consultative, classroom based, pullout, clinic based, self-contained program), and home, school, and/or workplace involvement.

- Documentation of hearing status is a critical element.

- Documentation may include a portfolio of the child's or adolescent's communication samples (e.g., audiotaped or videotaped samples of interactions, transcripts of oral conversations or orally read material, descriptions of nonverbal interactions, writing processes, rough drafts, written products).

ASHA Policy and Related References

In addition to the references listed on pages iv and v, the following references apply specifically to these procedures:

American Speech-Language-Hearing Association. (1982). Definitions of language. *Asha, 24*(6), 44.

American Speech-Language-Hearing Association. (1990). The role of speech-language pathologists in service delivery for persons with mental retardation and developmental disabilities in community settings. *Asha, 32* (Suppl. 2), 5-6.

American Speech-Language-Hearing Association. (1991). Guidelines for speech-language pathologists serving persons with language, socio-communication, and/or cognitive-communication impairments. *Asha, 33* (Suppl. 5), 21-28.

American Speech-Language-Hearing Association. (1993). Guidelines for caseload size and speech-language service delivery in the schools. *Asha, 35* (Suppl. 10), 33-39.

American Speech-Language-Hearing Association. (1996). Inclusive practices for children and youths with communication disorders. *Asha, 38* (Suppl. 16), 35-44.

National Joint Committee for the Communicative Needs of Persons With Severe Disabilities. (1992). Guidelines for meeting the communicative needs of persons with severe disabilities. *Asha, 34* (Suppl. 7), 1-8.

FALL 2000
EDSE 231

Instructors: Katharine G. Butler, Ph.D., CCC/SLP
Ellen J. Ratner, M.A., CCC/SLP
ellen.ratner@gte.net
650-941-7387

Office hours: Rm.: 118 A
By appointment

EDSE 231 is the Fall course in the Early Intervention course work in Language Acquisition and Disabilities in Infants, Toddlers & Preschoolers. It is designed for trainees in the USDOE, OSERS federally funded grant to train SLPs in assessment, intervention and family focused treatment of Infants, Toddlers and Preschoolers. Unless otherwise noted, this will be the last semester this grant will be available.

Goals and Objectives:

The focus of the Fall Semester will be assessment of infants, toddlers and preschoolers. Students will develop the skills, knowledge and attitudes required to provide both direct and indirect services in interdisciplinary and family-centered contexts. Courses in Normal Child Language Acquisition and Assessment are pre-requisites. Both may be waived by consent of the instructors. Out- of class reading and observations for those otherwise qualified students may be recommended.

Objectives include the development of competency in:

Identification and assessment of children 0-5.

Planning and conducting appropriate intervention procedures.

Understanding and participating in interprofessional interactions and case management.

Understanding and participating in advocacy for young children with communicative impairments.

Required texts:

1. Butler, K.G. (1994) Early Intervention II: Working with Parents and Families. Gaithersburg, MD: Aspen Publishers
2. Butler, K.G. (1994) Cross-Cultural Perspectives in Language Assessment and Intervention. Gaithersburg, MD: Aspen Publishers
3. Other readings, from peer-reviewed professional journals, will be required.

Attendance Policy:

Class attendance and participation in class discussion, verbal presentations and demonstrations of assessment and intervention activities is required. Please inform the instructors (via email or phone) if you are ill and can not come to class. It is not acceptable to miss this class for another course. Do not plan on early departures from class or clinic or any exams.

Grading Policy:

Presentation of assessment of client:	0- 25 points
Assessment Report, turned in on time	0- 70 points
Mid-term exam	0- 25 points
Final Exam	0-25 points
Parent Conference Report	0-25 points
Class participation	0-15 points
Rossetti Kit Complete	0- 5 points
Therapy Summaries	0-10
TOTAL POINTS AVAILABLE	200 points

Assessments are graded on completeness, accuracy and timeliness. All written assignments must be proof-read for content, syntax, grammar, and semantics. Reports should be typed before submission. All evaluations must be co-signed by the instructors and they should not contain errors of fact or presentation. While we will spend considerable time discussing possible intervention procedures, students will be held responsible primarily for their assessment and diagnostic skills.

Weekly lesson plans and summaries will be required. A form, specific for this class, will be handed out by the instructors.

The collection of all toys and materials for the Rossetti Infant Toddler Language Scale is required. Suggestions for gathering assessment objects will be provided on the first day of class.

Advice from your instructors or Been There Done That:

1. Do not leave reports to be done at the last moment. The possible failure of computer processing is to be avoided and does not serve as a rational for lateness.
2. Keep up on your reading. An entire text to too much to learn one week before the exam. The lectures will assume that you have read the required readings and therefore know the material . That material serves as background for the lectures and discussion and will be useful to you as you work with preschoolers at risk or with language disabilities.

We anticipate that there will be special speakers discussing early intervention and preschool assessment and treatment. This information will be posted as soon as it is available.

Real world problems of practicing clinicians will be brought in by instructors, who are members of the SID#1 listserv. The Language, Learning and Education listserv of ASHA provides an opportunity for practicing clinicians and university personnel to help each other solve problems of assessment and intervention. We encourage each of you to join in this on-going discussion.

Opportunity: You have been given a unique opportunity to learn about an interesting and unique population of children. You are provided with monies for academic course work, books and, when available, attendance at State or local special presentations which enhance your knowledge of early intervention. Along with this opportunity comes responsibility. You will need to be able to demonstrate competencies related to early intervention, early childhood, and preparing intervention plans in preparation for working with atypically developing young children.. Take your responsibilities seriously! Be prepared. Plan carefully. People are depending on you.

This course structure for Fall, 2000 has been predicated on the assumption that clients (ages 0-5) will be available to assess through the San Jose State Speech and Language Clinic. If this is not possible, some of the requirements and grading policy will need to be changed. You will be informed, in writing, of any necessary changes.

TENTATIVE SCHEDULE EDSE 231

Fall 2000

Katharine G. Butler, Ph.D.CCC/SLP
Ellen J. Ratner, MA CCC/SLP (ellen.ratner@gte.net)

Aug 29- Sept. 5		Overview Requirements Texts Call clients- set up Clinic visits
Sept. 12		Early Intervention II (EI II) Part One pages. v-77 Guest Speaker 1-2 PM
	19	EI II Part Two pages 79-133
	22	EI II Part Three pages 137-210 Last day to add classes
	26	
	28	
Oct:	3	Schedule a home visit sometime during for the week of Oct 9 -16. Weekends or evenings OK **Rossetti Test Kit Due**
	10	Guest speaker 1-2:30 PM
	17	
	24	**MIDTERM- EI II** Cross Cultural Perspectives in Language Assessment & Intervention (XCP) pages v-83
	31	Case Presentations to Class- 15 minute discussion of individual assessments
Nov:	7	**ASSESSMENT REPORT DUE-FINAL FORM**
	14	XCP Part Two pages 87-130
	16-19	ASHA Convention WDC
	21	XCP Part Three pages 147-168
	28	XCP Part Four pages 179-234
Dec.	5	Last class
Dec.	19	**FINAL** (Tentative: Date may change based upon class discussion)

Dr. Katharine G. Butler
August, 1999
Pre-Course Questionnaire

SELF-ASSESSMENT OF EVALUATION AND INTERVENTION COMPETENCIES

Name _____ Position _____

Employment Address _____

_____

_____

Office Phone _____

Home Address _____

_____

_____

Home Phone _____

. . . . . .

PAST EXPERIENCE: Circle 1 or more

Clinical teaching | Special Education Self-Cont. | Resource | Regular Education Grade_____?

Identify age levels of children you have worked with:

I-Tods_____ Preschool_____ Early Elementary_____
Middle School_____ Secondary_____ Hospital_____
Agency_____ Post-Secondary:
Specify_____

Individual or group work. Circle all that apply.

SLP School Psych. Classroom:_____
A MR Other:_____
Reading LD
Remedial Read. BD/ED

Years in Teaching or Delivery of Service:_____

Years as a professional_____ As a volunteer_____ Personal Experience_____

Coursework: Circle all that apply B.A./B.S. M.A./M.S. Post-master's

Major(s):_____

Minors:_____

Identify courses in undergraduate or graduate school you have taken in:

Psychology: Special Education: SLP and/or LD Other Pertinent courses

Identify courses or inservice which has led to competencies in assessment and intervention with infants, toddlers and young children. (Can be educational, academic, psychological, speech, language, hearing, reading etc.)

When completed, asterisk those that you have taken in the last five years (•)

Identify as many formal evaluation instruments as you can (both group and individual) and indicate your degree of familiarity with them:

Instrument	Administer Frequently	Administer Infrequently	Have reading knowledge only	Little or no knowledge

Self-Assessment

Identify your experience with informal and non-standardized instruments, including dynamic assessment procedures.

Instrument	Administer Frequently	Administer Infrequently	Have reading knowledge only	Little or no knowledge
Language Sampling				
TOT - Base line data				
Response Time (RT)				
Classroom Observation				
Collaborative Consultation				
Dynamic Assessment				
Family Focused Assessment				

Interviewing: Please identify your experience with interviewing (a) parents, (b) teachers, (c) administrators, (d) physicians, (e) health-related personnel, (f) educational personnel, (g) other

a.

b.

c.

d.

e.

f.

g.

Report Writing: Please comment on the kinds of reports you have written in the past. Discuss type, audience, typical format, types of interpretation provided to both assessment and diagnostic information, and assessment philosophy or model used. Also indicate age levels assessed and frequency of that experience.

Abstracted from J. H. Flavell,
Vol. 34, No. 10, 906-911
Am. Psych., 1979

Dr. K. Butler

METACOGNITION

1. Metacognitive Knowledge:

   1.1 Person category:

   What one believes about himself and others as cognitive processors.

   1.2 Task category:

   What one understand about how "thinking' can be managed and what the likelihood of success may be. Judging the difficulty of tasks.

   1.3 Strategy category:

   Knowledge one has acquired about how successful certain strategies may be.

   1.4 METACOGNITIVE KNOWLEDGE CONCERNS THE INTERACTIONS OF SUCH VARIABLES

2. Metacognitive Experiences

   2.1 Experiences or situations which require one to establish new goals,

   abandon old ones, change strategies.

   2.2 Effect metacognitive knowledge base by adding to it, deleting from it, revising it. Such experiences play a major role in development during childhood and adolescence.

3. Metacognitive goals or tasks and strategies

   3.1 Accuracy of understanding versus illusory or inaccurate understanding.

   3.2 Awareness of task variables:

   Ask child to monitor himself...."Do I understand?"

   Ask child to assess level of difficulty of tasks in terms of self-monitoring and goal selection....."Do you think you can do this?....or that?"

   Ask child to identify or isolate the relevant from irrelevant information

   Provide training in mnemonics, provide external cues when necessary, teach self-questioning, teach child to slow down and ask himself, "How am I doing?", teach child to self-verbalize, teach scanning of directions to estimate level of difficulty, teach when it is appropriate to seek information from others, teach surveying of what you know, how it fits together, what other experiences you need, and teach specific strategies (underlining, etc.)

   3.3. Self-instructional training (Meichenbaum and Goodman)

   Model the task & talk out loud while child observes; child performs task,
   Child performs task, instructing himself outloud with assistance from teacher
   Child performs task aloud with no assistance
   Child performs the task whispering to himself
   Child performs task using covert (silent) verbalizations

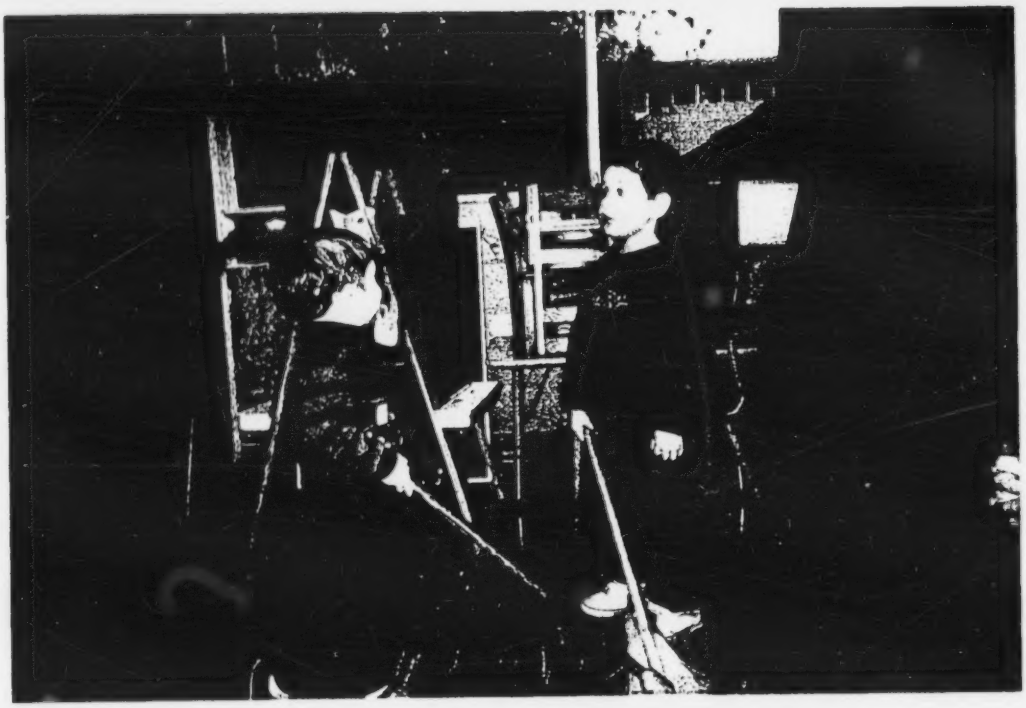
APPENDIX E - SUMMARY OF STUDENT RESPONSES

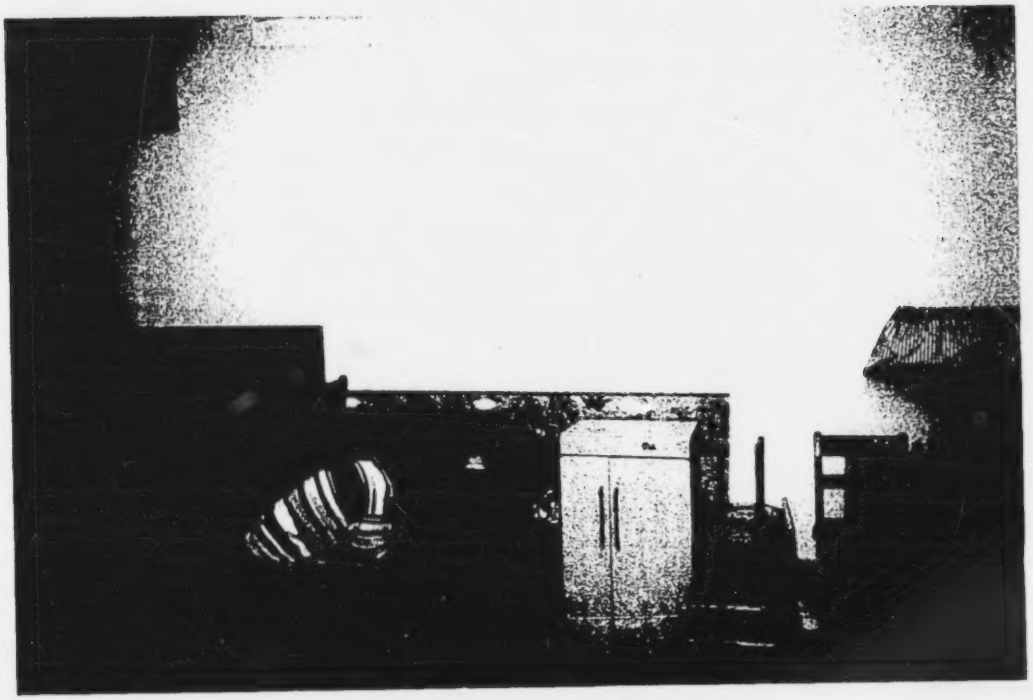
EVALUATION OF EDSE 231 (01) Early Intervention: Preschool Language Assessment and Intervention
3 Semester Hours - Communication Disorders and Sciences Program - Fall 1999

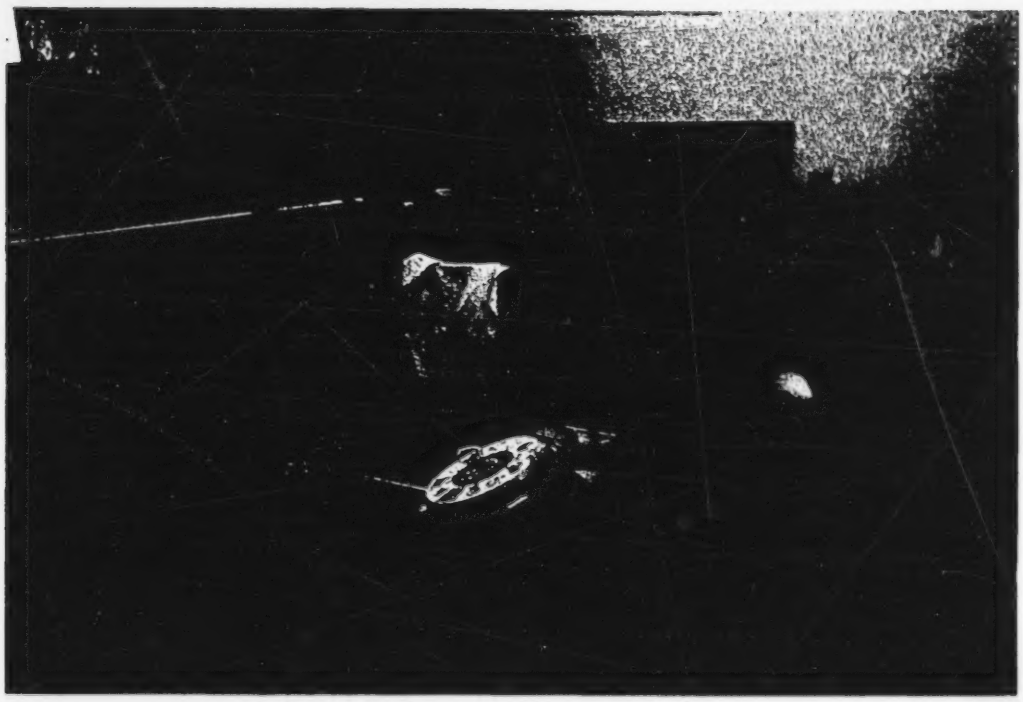
To the Student: You completed a self-evaluation of competencies, skills, and abilities on the first day of this intensive three week summer session. This course is offered to trainees in the Early Intervention strand within CS&D, and is also available to other students in the CS&D program and to allied health and educational professionals. While 3 weeks is a brief time to increase one's competencies, please identify below (both quantitatively and qualitatively) your evaluation of the experience:

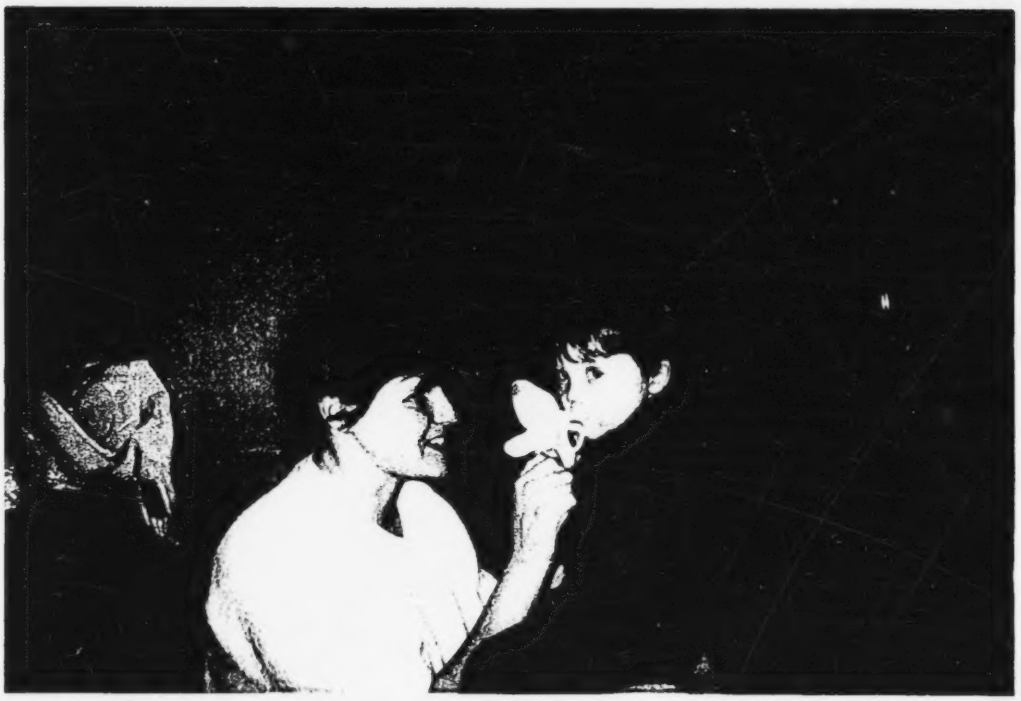
QUANTITATIVE RESPONSES: (Place X on continuum as appropriate)

	LEARNING				
	0 Little or none	1 Some	2 Average	3 Greater than average	4 Superior
Overall trainee Goals					
1. Knowledge about identification & assessment					
2. Knowledge about intervention					
3. Knowledge about interprofessional management					
4. Knowledge about case management					
5. Knowledge about advocacy for persons with communication disorders					
Course Objectives					
1. Identification & Assessment of I-TODS					
2. Increased knowledge regarding appropriate intervention					
3. Understanding interprofessional interactions & case management					
4. Understanding the role of advocacy for those with communication disorders					
Other Knowledge & Skill Gained from Course					
1. Increased knowledge of the literature that supports Early Intervention principles					
2. Increased understanding of multicultural and multiethnic issues in family-focused assessment and intervention					
3. Increased knowledge/skills in the range of appropriate selection of assessment procedures					
4. Increased understanding of dysphagia treatment					
5. Increased opportunities to interview parents and to gain insight into parental emotions/attitudes					
6. Increased understanding of early childhood teams and collaborative consultation					
7. Increased skill in utilizing assessment procedures at the discourse level (narratives, etc.)					
8. Increased knowledge of functional/dysfunctional families/abuse, neglect and other factors					









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